Schedule E)	PAGE 1 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRSC	C C00027466
	G 600027400
Check if 24-hour report X 48-hour report New report Amends report fill	led on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
DEL RAY MEDIA	08 15 2016
Mailing Address 1427 LESLIE AVE.	Amount
City State Zip Code	179509.00
ALEXANDRIA VA 22301	Transaction ID : WFT20167171146-1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
BAYH EVANS BIRCH III Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General 16 Other (specify) ▶
Full Name of Payee ACQUIRE DIGITAL	Date of Public Distribution/Dissemination
	08 15 2016
Mailing Address 512A EAST IRIS DR	Amount
City State Zip Code	9255.55
NASHVILLE TN 37204	Transaction ID : WFT20167171323-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT Category/ Type	08 11 2016
Name of Federal Candidate Support Of	ffice Sought: House District: 00
BAYH EVANS BIRCH Oppose	President X Senate State: IN
	sbursement For: Primary X General 116 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	188764.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Banning Jay [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	

Schedule E)	, in the second	PAGE 2 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NRSC		C C00027466
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee ACQUIRE DIGITAL	Da	ate of Public Distribution/Dissemination
Mailing Address 512A EAST IRIS DR	An	08 15 2016 nount
City State Zip	o Code	8137.11
NASHVILLE TN 37	7204 Tra	ansaction ID : WFT20167171325-1 ate of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/ Type	08 / 11 / 2016
Name of Federal Candidate	Support Office So	ught: House District:00
BAYH EVANS BIRCH		esident State: IN
Calendar Year-To-Date Per Election for Office Sought 42	27664.60 Disburser 2016	ment For:
Full Name of Payee STRATEGIC MEDIA PLACEMENT	Da	ate of Public Distribution/Dissemination
Mailing Address 7669 STAGERS LOOP	Ar	08 15 2016 mount
City State Zip	o Code	429732.01
		insaction ID : WFT20167171327-1 ate of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	08 / 10 / 2016
Name of Federal Candidate	Support Office So	ought: House District: 00
HASSAN MARGARET	Oppose Pre	esident State: NH
Calendar Year-To-Date Per Election for Office Sought	15419.82 Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures		437869.12
(b) SUBTOTAL of Unitemized Independent Expenditures		
	_	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
Banning Jay [Electronical	ly Filed] Date 08	17 2016
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	71101120	PAGE 3 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NRSC		C C00027466
		O in a
Check if 24-hour report X 48-hour report New re	port Amends report f	filed on M M / D D / Y Y Y Y Y
Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination
		08 15 / 2016
Mailing Address 512A EAST IRIS DR		Amount
City State	Zip Code	37501.33
NASHVILLE TN	37204	Transaction ID: WFT20167171335-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
HASSAN MARGARET	Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
ACQUIRE DIGITAL		08 15 2016
Mailing Address 512A EAST IRIS DR		Amount
City State NASHVILLE TN	Zip Code 37204	48387.96 Transaction ID : WFT20167171337-1
Purpose of Expenditure		Date of Disbursement or Obligation
DIGITAL MEDIA PLACEMENT	Category/ Type	08 / 11 / 2016
Name of Federal Candidate		Office Sought: House District: 00
HASSAN MARGARET	X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		85889.29
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Banning Jay [Electro	nically Filed] Date	08 17 2016
Signature		

Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NRSC				C C00027466
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee STRATEGIC MEDIA PLACEME				Date of Public Distribution/Dissemination
	.1 1 1			08 16 2016
Mailing Address 7669 STAGERS LOOP				Amount
City	State	Zip Code		10000.00
DELAWARE	ОН	43015		Transaction ID : WFT20167171338-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type		08 / 15 / 2016
Name of Federal Candidate		Support	Office	Sought: House District:00
HASSAN MARGARET		X Oppose		President State: NH
Calendar Year-To-Date Per Election for Office Sought		1715419.82	Disburs 2016	sement For: Primary
Full Name of Payee	т			Date of Public Distribution/Dissemination
STRATEGIC MEDIA PLACEMEN	I			08 16 2016
Mailing Address 7669 STAGERS LOOP				Amount
City	State	Zip Code		10000.00
DELAWARE	ОН	43015	1	Transaction ID : WFT20167171339-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
HASSAN MARGARET		X Oppose		President State: NH State:
Calendar Year-To-Date Per Election for Office Sought		1715419.82	Disbur 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expen	ditures		▶	20000.00
(b) SUBTOTAL of Unitemized Independent Exp	penditures		·· •	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized	•		•
Banning Jay Signature	[Electron	nically Filed] Date	e 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
olynature				

Schedule E)	IVI EXI EIVI	DITOTILO	PAGE 5 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
NRSC			C C00027466
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee STRATEGIC MEDIA PLACEMEN	Т		Date of Public Distribution/Dissemination
Mailing Address 7669 STAGERS LOOP			08 16 2016 Amount
City DELAWARE	State OH	Zip Code 43015	15000.00 Transaction ID : WFT20167171340-1
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HASSAN MARGARET		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		1715419.82	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee STRATEGIC MEDIA PLACEMENT			Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7669 STAGERS LOOP			Amount
City	State	Zip Code	15000.00
DELAWARE	ОН	43015	Transaction ID : WFT20167171341-1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type	08 / 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HASSAN MARGARET		X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		1715419.82	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		> 30000.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		··· >
(c) TOTAL Independent Expenditures			··· >
	date or authoriz		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Banning Jay	[Electro	onically Filed] Date	e 08 17 2016
Signature			

Schedule E)	PAGE 6 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRSC	C C00027466
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
DEL RAY MEDIA	08 15 2016
Mailing Address 1427 LESLIE AVE.	Amount
City State Zip Code	381000.80
	Transaction ID : WFT20167171342-1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT Category/ Type	08 / 00 / 2016
Name of Federal Candidate Support Office	Sought: House District: 00
MASTO CORTEZ CATHERINE	President State: NV
Calendar Year-To-Date Per Election for Office Sought Disburg 2016	sement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
DEL RAY MEDIA	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1427 LESLIE AVE.	Amount
City State Zip Code	10000.00
	Transaction ID : WFT20167171343-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PRODUCTION Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
MASTO CORTEZ CATHERINE Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	391000.80
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Banning Jay [Electronically Filed] Date 08	
Signature	

Schedule E)	PAGE 7 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRSC	C C00027466
Check if 24-hour report X 48-hour report New report Amends report fil	ed on M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
ACQUIRE DIGITAL	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 512A EAST IRIS DR	Amount
City State Zip Code	18375.00
NASHVILLE TN 37204	Transaction ID: WFT20167171344-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
MASTO CORTEZ CATHERINE Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Dis 20'	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
ACQUIRE DIGITAL	08 15 2016
Mailing Address 512A EAST IRIS DR	Amount
City State Zip Code	99466.24
NASHVILLE TN 37204	Transaction ID : WFT20167171346-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
MASTO CORTEZ CATHERINE Oppose	President Senate State: NV
	sbursement For: Primary X General 116 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	117841.24
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
[Electronically Filed] Date	08 17 2016
Signature	

Schedule E)	PAGE 8 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRSC	C C00027466
Check if 24-hour report X 48-hour report	lew report Amends report filed on Amends report
Full Name of Payee STRATEGIC MEDIA PLACEMENT	Date of Public Distribution/Dissemination
Mailing Address 7669 STAGERS LOOP	08 15 2016 Amount
	, and a second s
City State	Zip Code 501337.42
DELAWARE OH	43015 Transaction ID : WFT20167171347-1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
STRICKLAND THEODORE	Oppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2016 Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
ACQUIRE DIGITAL	08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 512A EAST IRIS DR	Amount
City State	Zip Code 44256.16
NASHVILLE TN	Transaction ID : WFT20167171348-1 Date of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT	Category/ Type 08 11 2016
Name of Federal Candidate	Support Office Sought: House District: 00
STRICKLAND THEODORE	Oppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 545593.58
(b) SUBTOTAL of Unitemized Independent Expenditures	••••••••••••••••••••••••••••••••••••••
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 08 17 2016
Signature	

Schedule E)	SHOHLO	PAGE 9 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NRSC		C C00027466
Check if 24-hour report X 48-hour report New re	eport Amends report fil	ed on M M / D = D / Y = Y = Y
Full Name of Payee STRATEGIC MEDIA PLACEMENT		Date of Public Distribution/Dissemination
Mailing Address 7669 STAGERS LOOP		08 15 2016 Amount
City State DELAWARE OH	Zip Code 43015	444765.87 Transaction ID: WFT20167171349-1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
MCGINTY ALANA KATHLEEN	X Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	827552.94 Dis	sbursement For: Primary ⊠ General 16 Other (specify) ▶
Full Name of Payee ACQUIRE DIGITAL		Date of Public Distribution/Dissemination
Mailing Address 512A EAST IRIS DR		08 15 2016
		Amount
City State	Zip Code	23167.81
NASHVILLE TN Purpose of Expenditure	37204	Transaction ID : WFT20167171350-1 Date of Disbursement or Obligation
DIGITAL MEDIA PLACEMENT	Category/ Type	08 / D D / Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
MCGINTY ALANA KATHLEEN	∑ Oppose [President X Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	>	467933.68
(b) SUBTOTAL of Uniternized Independent Expenditures		
		7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	08 17 2016
Signature	_	

Schedule E)	PAGE 10 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NRSC	C C00027466
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee ACQUIRE DIGITAL	ate of Public Distribution/Dissemination
Mailing Address 512A EAST IRIS DR	08 15 2016
Ar	mount
City State Zip Code	42022.23
Da	ransaction ID : WFT20167171351-1 ate of Disbursement or Obligation
Purpose of Expenditure DIGITAL MEDIA PLACEMENT Category/ Type	08 / 11 / 2016
Name of Federal Candidate Support Office So	ought: House District: 00
MCGINTY ALANA KATHLEEN	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disburser 2016	ment For:
Full Name of Payee Da	ate of Public Distribution/Dissemination
Mailing Address	mount
City State Zip Code	
Purpose of Expenditure Category/ Type	ate of Disbursement or Obligation
Name of Federal Candidate Support Office Sc	bught: House District:
	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburser	ment For:
, ,	
(a) SUBTOTAL of Itemized Independent Expenditures	42022.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2326914.49
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Banning Jay [Electronically Filed] Date 08	17 2016
Signature	